



BRYCE C. FORTNER, DDS
— General Dentist Providing Oral Surgery Services —

PATIENT TREATMENT RECORD — FOR DENTIST'S USE ONLY

Name _____ Age _____ DOB _____ Date _____

Address _____ City/ST _____ Zip _____

Email _____ Phone _____

Diagnostic Criteria: *Perio* _____ *Crowding* _____ *Pt. Election* _____ *Prev. Pain/Swelling* _____ *N/R Caries* _____
Cyst _____ *Other* _____

Dentist's Office _____ Fee _____

Procedure Planned _____ S/F _____

Pre-Op X-ray: *Pano* *PA* *Other* _____ Date ____ / ____ / ____ I/F _____

O/F _____

Sutures: *Silk; Gut; Vicryl;* _____ Assistants _____ A/F _____

Pre-Operative Sedation/Anesthesia Checklist Completed *f* Any omitted items → check box(es) & explain in clinical notes below.

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Medical history reviewed | <input type="checkbox"/> Family surgical/anesthesia history reviewed | <input type="checkbox"/> Pre-op equipment readiness check complete | <input type="checkbox"/> Physical Exam (ASA, <i>mallampati, NPO, pre-vitals—height, weight, BP, HR, RR</i>) |
| <input type="checkbox"/> Known allergies | <input type="checkbox"/> Patient surgical/anesthesia history reviewed | <input type="checkbox"/> Patient and procedure verified | |
| <input type="checkbox"/> Patient meds reviewed/modified | <input type="checkbox"/> Pre-op instructions given (written & oral) | <input type="checkbox"/> Peds/high-risk considerations addressed | |
| <input type="checkbox"/> Medical consult | <input type="checkbox"/> Post-op instructions given (written & oral) | <input type="checkbox"/> Auscultation findings documented | |
- (See Moderate Sedation Record)*

Rx: Norco 5/325mg _____ Amoxicillin 500mg _____ Cleocin 150mg _____ Peridex _____ Zofran 8mg _____ Decadron 4mg _____ Other _____

Procedure Completed/Clinical Notes/Omissions _____

For Office Use Only:

Post-Op Call _____

Posted _____

Comment Card _____

Drug Log Entry _____

1-wk. Post-Op Call _____

Doctor's Signature _____ Date _____